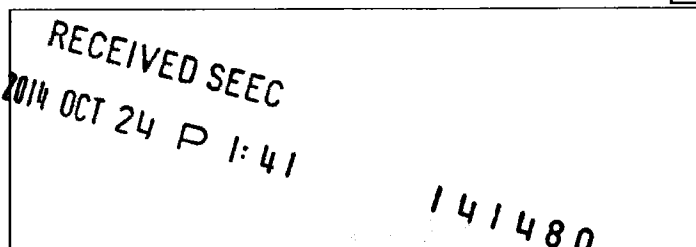


SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2012

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Visconti for Governor				<input checked="" type="radio"/> Candidate Committee <input type="radio"/> Exploratory Committee	
3. TREASURER NAME					
First Susan	MI A	Last Sheldon (nee Lavelli)		Suffix	
4. TREASURER ADDRESS					
Street Address 217 Arvidson RD		City Woodstock		State CT	Zip Code 06281
5. ELECTION DATE		6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>			7. DISTRICT NUMBER
(mm/dd/yyyy) 11-04-2014		Governor			(if applicable)
8. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>					
First Joseph	MI B	Last Visconti		Suffix	
9. TYPE OF REPORT <i>(Check One Box)</i>					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> January 10 filing <input type="checkbox"/> April 10 filing <input type="checkbox"/> July 10 filing <input type="checkbox"/> October 10 filing </div> <div style="width: 33%;"> <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> 7th day preceding special election </div> <div style="width: 33%;"> <input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant <input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant <input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant </div> <div style="width: 33%;"> <input checked="" type="checkbox"/> Supplemental Statement <i>(Specify Type)</i> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Election <input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i> <input type="checkbox"/> Primary <input type="checkbox"/> Election </div> <div style="width: 33%;"> <input type="checkbox"/> Deficit <input type="checkbox"/> Termination <input type="checkbox"/> Amendment to Type of Report: _____ </div> </div>					
10. PERIOD COVERED					
Beginning Date 10-01-2014		thru		Ending Date 10-21-2014	
11. CERTIFICATION					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Susan Sheldon PRINT NAME OF SIGNER		10-23-14 DATE (mm/dd/yyyy)	

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2012

Page 2 of 16

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period		
14. Contributions Received from Individuals (Sections A and B)	1650.00	
15. Receipts from Other Committees (Sections C1 and C2)		
16. Other Monetary Receipts (Sections D through I)		
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)		
18. Total Monetary Receipts (add totals for Lines 14 through 17)	1650.00	
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)		
20. Expenses Paid by Committee (Section N)	1534.49	
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	115.51	
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M) OPTIONAL		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c. - Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	230.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

I. MONETARY RECEIPTS (Sections A — I)

Page 3 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY		<i>For Nonparticipating Candidates ONLY</i>	
		\$	
B. Itemized Contributions from Individuals			
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>		Amount of Contribution	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>		Amount of Contribution	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>		Amount of Contribution	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page			1650.00
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 14 of Summary Page Totals)			1650.00

I. MONETARY RECEIPTS (Sections A — D)

Page 4 of 16

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
C2. Reimbursements, Payments, or Surplus Distributions from other Committees						
Name of Committee				Name of Treasurer		
Address			Date Received		Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services			
Name of Committee				Name of Treasurer		
Address			Date Received		Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services			
SUBTOTAL Section C — This Page						
TOTAL of additional Section C Pages						

Page 5 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
D. Loans Received this Period					
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Street Address					Amount Received
City		State		Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Street Address					Amount Received
City		State		Zip Code	
TOTAL SECTION D					
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card </div>				Amount
Date of Receipt	Method of Payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card </div>				Amount
Date of Receipt	Method of Payment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card </div>				Amount
TOTAL SECTION E					
F. Anonymous Contributions					
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>					
G. Interest from Deposits in Authorized Accounts					
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
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Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	Zip Code
Name of Institution				Date Received	
Street Address		City		State	

I. MONETARY RECEIPTS (Sections A — I)

Page 6 of 16

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>			TYPE OF REPORT	
H. Public Grant Funds Received from the Citizens' Election Fund				
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount	
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount	
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount	
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount	
TOTAL SECTION H				
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
TOTAL SECTION I				
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through I)				
Total Loans Received this Period (Section D)		+		
Total Amount of Personal Funds of the Candidate Received this Period (Section E)		+		
Total Amount of Interest from Deposits in Authorized Accounts (Section G)		+		
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)		+		
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)		+		
TOTAL OF OTHER MONETARY RECEIPTS NOT CONSIDERED CONTRIBUTIONS				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

Page 7 of 16

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>		TYPE OF REPORT	
J1. Fundraising Event Information			
Fundraising Event #	Description		
Date of Fundraiser Letter			
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="radio"/> No 			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> No 			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> \$ <input type="radio"/> No 			
Fundraising Event #	Description		
Date of Fundraiser Letter			
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="radio"/> No 			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> No 			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> \$ <input type="radio"/> No 			
Fundraising Event #	Description		
Date of Fundraiser Letter			
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="radio"/> No 			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> No 			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> \$ <input type="radio"/> No 			
SUBTOTAL Section J1—Subpart 1 Total Receipts from Sale of Donated Items — This Page			
TOTAL of additional Section J1 Pages			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

Page 8 of 16

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section J2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

J3. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Description of Donation

Date Received

Event #

Aggregate Value for this Event

Fair Market Value of Donation

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Description of Donation

Date Received

Event #

Aggregate Value for this Event

Fair Market Value of Donation

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Description of Donation

Date Received

Event #

Aggregate Value for this Event

Fair Market Value of Donation

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Description of Donation

Date Received

Event #

Aggregate Value for this Event

Fair Market Value of Donation

SUBTOTAL Section J3 — This Page

TOTAL of additional Section J3 Pages

TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS
(Enter total on Line 22 of Summary Page Totals)

III. NONMONETARY RECEIPTS (Sections K — M)

Page 9 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
K. In-Kind Contributions					
Name					
Street Address			City		State Zip Code
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship		Date Received		Aggregate Contributions	
Name					
Street Address			City		State Zip Code
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship		Date Received		Aggregate Contributions	
Name					
Street Address			City		State Zip Code
Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship		Date Received		Aggregate Contributions	
SUBTOTAL Section K — This Page					
TOTAL of additional Section K Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page Totals)					
L. Refundable Deposit to Telephone Company					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City		State	Zip Code
Name of Telephone Company					Amount of Deposit
Street Address		City		State Zip Code	

III. NONMONETARY RECEIPTS (Sections K — M)

Page 10 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES					

IV. EXPENDITURES (Sections N — S)

Page 11 of 16

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Visconti for Governor				Supp	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Outback Steakhouse			10-12-14		<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
817 Queen St		Southington		CT	06489
Purpose of Expenditure (by code)	Description		Amount		
Food	Food		67.64		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
The Fire Place			10-06-14		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
44 Center Street		Southington		CT	
Purpose of Expenditure (by code)	Description		Amount		
Food	food		28.16		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
7-11			10-18-14		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
110 W Main ST		Stafford Springs		CT	
Purpose of Expenditure (by code)	Description		Amount		
TRVL	gas		64.53		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Cumberland Farms			10-16-14		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
141 Park Rd		W Hartford		CT	
Purpose of Expenditure (by code)	Description		Amount		
TRVL	gas		68.80		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
SUBTOTAL Section N — This Page 229.13					
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Visconti for Governor				Supp	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Black Bamboo			10-17-14		<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
844 Farmington Ave		W Hartford		CT	06119
Purpose of Expenditure (by code)	Description				Amount
Food	Food				42.01
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
McGough and Sons			10-03-14		<input checked="" type="radio"/> Check # 1051 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
52 Martin Rd		Bristol		CT	
Purpose of Expenditure (by code)	Description				Amount
PRNT	signs printed				149.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Sharon Visconti / Visconti & Assc			10-18-14		<input checked="" type="radio"/> Check # 1050 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
49 Montclair Dr		W Hartford		CT	06107
Purpose of Expenditure (by code)	Description				Amount
Web	Maintain website acticity				450.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
					<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
				CT	
Purpose of Expenditure (by code)	Description				Amount
					68.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
SUBTOTAL Section N — This Page 641.96					
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Visconti for Governor				SUP	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Blue Colony			10-11-14		<input checked="" type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
66 Church Hill RD		Newtown		CT	06470
Purpose of Expenditure (by code)	Description				Amount
FOOD	food				21.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Frank Pepe Pizza			10-02-14		<input checked="" type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
1148 New Britain Ave		W Hartford		CT	06110
Purpose of Expenditure (by code)	Description				Amount
Food	food				55.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Tony D's			10-14-14		<input checked="" type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
92 Huntington St		New London		CT	06320
Purpose of Expenditure (by code)	Description				Amount
Food	food				338.24
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Olympia Diner			10-13-14		<input checked="" type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
3413 Berlin Turnpike		Newington		CT	06111
Purpose of Expenditure (by code)	Description				Amount
Food	Food				22.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No			Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N					
SUBTOTAL Section N — This Page 438.13					
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Visconti for Governor				SUP	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Staples			10-15-14		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
2550 Albany Ave		W Hartford		CT	06117
Purpose of Expenditure (by code)	Description			Amount	
Office	Ink			40.38	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)	Event #	
Name of Payee			Date of Payment		Method of Payment:
Long Wharf Mobil Mart			10-12-14		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
200 Sargent Dr		New Haven		CT	06511
Purpose of Expenditure (by code)	Description			Amount	
TRVL	gas			64.95	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)	Event #	
Name of Payee			Date of Payment		Method of Payment:
Shell			10-14-14		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
905 Farmington Ave		W hartford		CT	06119
Purpose of Expenditure (by code)	Description			Amount	
TRVL	gas			59.94	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)	Event #	
Name of Payee			Date of Payment		Method of Payment:
Troy's Mobil			10-1-2014		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
2507 Albany Ave		W Hartford		CT	
Purpose of Expenditure (by code)	Description			Amount	
TRVL	gas			60.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N			Expenditure # (if applicable)	Event #	
SUBTOTAL Section N — This Page 225.27					
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
O. Expenses Paid by Candidate					
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
SUBTOTAL Section O — This Page					
TOTAL of additional Section O Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other _____		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
SUBTOTAL Section P — This Page					
TOTAL of additional Section P Pages					

TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Q. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor QuickDiscs.com LLC				Date Incurred 10-18-14	
Street Address 41 Crossroads Plaza # 167			City W Hartford		State CT
Zip Code 06117					
Purpose of Expenditure (by code) PRNT	Description labels for poster			Amount Incurred (Estimate or Actual) 180.82	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q			Expenditure # (if applicable)	Event #	
Name of Creditor Ct News Junkie				Date Incurred 10-19-14	
Street Address 1077 Matianuck Ave			City Windsor		State CT
Zip Code 06095					
Purpose of Expenditure (by code) A-Web	Description Photo purchase			Amount Incurred (Estimate or Actual) 50.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q			Expenditure # (if applicable)	Event #	
Name of Creditor				Date Incurred	
Street Address			City		State
Zip Code					
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q			Expenditure # (if applicable)	Event #	
Name of Creditor				Date Incurred	
Street Address			City		State
Zip Code					
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum Q			Expenditure # (if applicable)	Event #	
SUBTOTAL Section Q – This Page				230.00	
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 29 of Summary Page Totals)					
Previously reported Expenses Unpaid and still Outstanding					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
R. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="radio"/> Yes <input type="radio"/> No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
SUBTOTAL Section R — This Page					
TOTAL of additional Section R Pages					
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					

IV. EXPENDITURES (Sections N — S)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
TOTAL SECTION S					